

FCC Form 555

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Header

DataYear: 2015

State: NY

Study Area Code (SAC): 150112

ETC Name: Ontario Telephone Company Inc.

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

If the Holding Company Name or DBA/Marketing/Branding name does not differ from the ETC name, enter 'N/A'

If the ETC does not have a holding company name or a DBA/Marketing/Branding name, please select 'Other' and enter 'N/A'

DBA, Marketing or Other: N/A

Branding Name:

Holding Company Name: N/A

Does the reporting company have affiliated ETCs?

Yes ☒ No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

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SAC

Name

Actions

150131

Trumansburg Telephone Company Inc.

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Section 2 Blocks A to E

Annual Recertification

SAC: 150112

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Were subscribers claimed on the February FCC Form 497 of the current FCC Form 555 calendar year?

Yes ☒ No ☐A. Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month): B. Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers: C. Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.): D. Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC: E. E = (A-B-C-D). Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year: [Save and Go Back](#)[Save and Continue](#)[Save and Exit](#)

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Section 2 Blocks F to L

Annual Recertification

SAC: 150112

Were any subscribers reviewed by a state administrator, ETC access to eligibility database, or by USAC?

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

Yes ☐ No ☒

F. Number of subscribers ETC contacted directly to recertify eligibility through attestation:

22

G. Number of subscribers responding to ETC contact:

21

H. $H = (F - G)$. Number of non-responding subscribers:

1

I. Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.):

0

J. $J = (H + I)$. Number of Subscribers De-enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Response of Ineligibility from ETC recertification attempt:

1

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Section 3

De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

SAC: 150112

| | |
|--|------|
| M. $M = (F+K)$. Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E): | 22 |
| N. $N=(J+L)$. Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility: | 1 |
| O. $O = (N / M) * 100$ Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response: | 4.55 |

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Section 4

Pre-Paid ETCs

SAC: 150112

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fee are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes ☐ No ☒

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

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Review and Signature**Section 1**

SAC: 150112

Section 1: Initial Certification All ETCs must complete this section.

I certify that the company listed above has certification procedures in place to:

A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Section 1 Initial SS

Section 2

- A. Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month): 21
- B. Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers: 0
- C. Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.): 0
- D. Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC: 0
- E. $E = (A-B-C-D)$. Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year: 21
- F. Number of subscribers ETC contacted directly to recertify eligibility through attestation: 22
- G. Number of subscribers responding to ETC contact: 21
- H. $H = (F-G)$. Number of non-responding subscribers: 1
- I. Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.): 0
- J. $J = (H+I)$. Number of Subscribers De-enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Response of Ineligibility from ETC recertification attempt: 1
- K. Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC: 0
- L. Number of Subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC: 0
- M. $M = (F+K)$. Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E): 22
- N. $N=(J+L)$. Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility: 1

O. $O = (N / M) * 100$ Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response: 4.55

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Section 2A Initial SS

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here, if applicable)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Section 2B Initial SS

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Section 2C Initial SS

Certification

By entering my Name and Title below, I certify that the company listed below is in compliance with all federal Lifeline certification procedures. I am an officer of the company named below. I am authorized to make this certification for the Study Area Code (SAC) listed below.

Signature of Officer By logging into my account and clicking the Certify button below, I am electronically signing this form.

Date: 01/20/2016

Printed Name and Title of Officer Sean Socha Chief Financial Officer

Email Address of Officer ssocha@fltg.com

Person Completing This Certification Form Marion Peisher

Contact Phone Number 585-433-6661
(123-123-1234)

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Certify

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